



07-02-01

Reissue

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PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.

41145-1001

First Named Inventor

GEORGE R. SCHWARTZ

Original Patent Number

5,916,242

Original Patent Issue Date
(Month/Day/Year)

06/29/99

Express Mail Label No.

APPLICATION FOR REISSUE OF:
(Check applicable box)

Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent
format (amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. Original U.S. Patent currently assigned? ☐ Yes ☒ No
(If Yes, check applicable box(es))
 - ☐ Written Consent of all Assignees (PTO/SB/53)
 - ☐ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☐ Statement of status and support for all changes
to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribboned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other:

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

or ☐ Correspondence address below

Name

05179

Address

PATENT TRADEMARK OFFICE

City

State

Zip Code

Fax

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NAME

(Print/Type)

Stephen A. Slusher

Registration No. (Attorney/Agent)

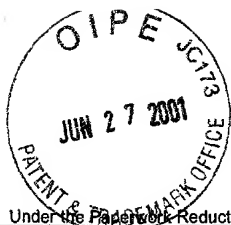
43,924

Signature


Date

6/27/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

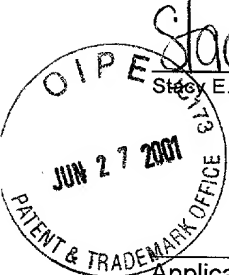


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REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) 41145-1001			
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee		Rate	Fee
(A) 5	Total Claims (37 CFR 1.16(j))	(B)	**** =	x \$ 9 =		or	x \$ =	
(C) 2	Independent claims (37 CFR 1.16(i))	(D)	* =	x \$ 40 =			x \$ =	
Basic Fee (37 CFR 1.16(h))					\$			\$
Total Filing Fee					\$		OR	\$
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 14	MINUS	** 20	* =	x \$ 9 =		x \$ =	
Independent Claims (37 CFR 1.16(i))	*** 4	MINUS	**** 3	=	x \$ 40 =	40	x \$ =	
Total Additional Fee					\$395		OR	\$
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>13-4213</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>395.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>June 27, 2001 Date</p> <p> Signature of Applicant, Attorney or Agent of Record Stephen A. Slusher, 43,924 Typed or printed name</p>								

REISSUE PATENT APPLICATION

I hereby certify that this paper is being deposited with the United States Postal Service with sufficient postage as Express Mail "Post Office to Address" service, having mailing label number EL847395679US in an envelope addressed to: Box Reissue, Commissioner for Patents, Washington, D.C. 20231, on the date indicated below.



Stacy Jenkins
Stacy E. Jenkins, Paralegal

6/27/01
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: GEORGE R. SCHWARTZ :
Patent No.: 5,916,242 :
Issue Date: June 29, 1999 :
For: APPARATUS FOR RAPID COOLING :
OF THE BRAIN AND METHOD OF :
PERFORMING SAME :

REQUEST FOR ABSTRACT OF TITLE

Box: REISSUE
Commissioner for Patents
Washington, D.C. 20231

Sir:

1. Please prepare a certified Abstract of Title, in respect of the above-identified original patent for placing in the official file of the Reissue application, which is filed herewith.
2. For the fee required by 37 C.F.R. 1.19(b)(4), please find enclosed \$25.00. If any additional fee is required, or any refund is appropriate, please charge such amount to Deposit Account No. 13-4213.

Date: 27 June 2001

Respectfully submitted,

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